

**BLOOD ALCOHOL REPORT FORM
FOR TRAFFIC RELATED ALCOHOL TESTING SAMPLES ONLY**

1. SUBJECT																			
Last Name					First Name					Middle Name									
ADDRESS										DATE OF BIRTH					DRIVER'S LICENSE				
Street Address										Mo. - Day - Year					Noncommercial (NC) or Commercial (CD) <input type="checkbox"/> L				
City State Zip Code										Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/>					None <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/>				
State Zip Code										State					License Number				
2. INCIDENT																			
Driver 1 <input type="checkbox"/> Passenger 2 <input type="checkbox"/> Pedestrian 3 <input type="checkbox"/> Other 4 <input type="checkbox"/>			County where incident occurred. (use first four letters)			Type of Incident No Accident 1 <input type="checkbox"/> Accident 2 <input type="checkbox"/> Fatal Accident 3 <input type="checkbox"/>			Condition of Subject No injury 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Deceased 3 <input type="checkbox"/>			Incident Date Mo. - Day - Year Incident Time Hr. : Min. () a.m. () p.m.							
Officer's Signature						Officer Employed By: City 1 <input type="checkbox"/> County 2 <input type="checkbox"/> State Police 3 <input type="checkbox"/> Other 4 <input type="checkbox"/>			RETURN RESULTS TO: PRINT full name and address										
Work Telephone																			
3. COLLECTION OF BLOOD OR URINE ONLY																			
INDICATE ADDITIVES USED IN SAMPLE:(see back of form) ___ mg sodium fluoride (1% required for postmortems) ___ mg potassium oxalate ___ NONVOLATILE PREP ___ NEW, STERILE EQUIPMENT & CONTAINER USED					Date Collected Mo. - Day - Year Time Collected Hr. : Min. () a.m. () p.m.					Sample Requested By: () Law Enforcement () Subject () Coroner ()									
Signature/Title of Person Drawing Blood					Witness (Signature)														
4. SAMPLE TRANSFER																			
From Signature					To Signature					Date									
From Signature					To Signature					Date									
From Signature					To Signature					Date									
From Signature					To Signature					Date									
5. SAMPLE ANALYSIS & RESULTS: Arkansas Department of Health (For PHL- Office of Alcohol Testing Use ONLY)																			
Sealed Mailer Seal on Tube Postmortem 1% NaF NaF Satisfactory Y N Received approximately ml Labeled in part					Sealed Biohazard Bag Sealed Mailer Tube Postmortem Form					Blood 1 <input type="checkbox"/> Urine 2 <input type="checkbox"/> Ocular Fluid 3 <input type="checkbox"/>									
Date of Test Mo. Day Year					Time of Test Hr. Min. () a.m. () p.m.					OAT Sample No.									
ALCOHOL TEST RESULTS 0. % w/v, Blood Zero point																			
I performed the analysis of this sample in accordance with the regulations and requirements of the Arkansas Department of Health and the laws of the State of Arkansas. All information contained is true and accurately reflects the results of my analysis.										I hereby attest to the authenticity of this report.									
Chemist, Office of Alcohol Testing										Director, Office of Alcohol Testing									
Date										Date									

ORIGINAL

INSTRUCTIONS

- Anticoagulant and/or preservatives:
 1. Sodium fluoride is required as a preservative in a blood sample to be analyzed for ethanol by the Office of Alcohol Testing.
 - A. For living subjects, between 2.0 and 3.0 mg per ml of blood (.2% to .3%).
 - B. For postmortem subjects, 10 mg per ml of blood (1%). Complete a Traffic/Postmortem Blood Alcohol Sample Collection Form (AT-302) and submit along with this Blood Alcohol Report Form and blood sample.
 2. Potassium oxalate is desired as an anticoagulant.
- Test results of blood or urine are reported as % w/v, which is defined as grams of ethyl alcohol per 100 milliliters of blood.